



Anger Management Intake Form

Today's Date: 2/23/2019 Case Number: CP-54-DP-0000200-2018 & 323-2015 X(probation) Number: _____

Check how you came to Anger Management Services: ☐ Voluntary ☒ Probation / Court Requirement ☐ Employer request

Court Order: ☐ Yes ☐ No ☒ Other (explain): For SCCYS (CPS) to complete Mental health/anger management

Name Brandon Fritz D.O.B. 07/08/1986 S.S.N. 185-66-4432

Home Phone: 570-391-7547 Cell Phone _____ Other _____

Address: 222 Pitt Street Tamaqua PA 18252
No. & Street City State Zip Code

Race: ☒ Caucasian ☐ American Indian ☐ African American ☐ Asian ☐ Hispanic ☐ Other: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

Living Situation: ☒ Live with partner ☐ Live alone ☐ Live with Family ☐ Live with Friend / Roommate

How long at current residence?: ☐ mo _____ ☒ Rent ☐ Own

Who lives with client at residence? (include names, ages and relationship to client)

Angela derr, (sister)

Dependents: _____ How many children? _____

EMPLOYMENT

Employed: ☐ Yes ☒ No Employer _____ Phone: _____

Employer Address: _____

Current Job Title: _____ Length of Employment: _____

EDUCATION

Highest grade completed: _____ ☐ GED received ☐ High school graduate ☒ Some College ☐ College Degree in: _____

If dropped out, why? _____

MEDICAL / HEALTH

Do you have any ongoing health problems?: ☐ Yes ☒ No If yes please explain: _____

Are you currently taking any medication?: ☐ Yes ☒ No If yes what are you taking? and why?: _____

FILL OUT THIS SECTION (as much as you can) ONLY IF THE POLICE WERE INVOLVED IN THE CASE.

Where you arrested? ☐ Yes ☐ No (if yes) Date: _____ Charge: _____

Results: ☐ Convicted ☐ Pending ☐ Charges Dropped

How many times have the police been to your home because of family disputes? _____ How long is your Probation? (months) _____

Sentencing Judge: _____ Probation Off/City Attorney: _____ Number of jail days sentenced _____ Days served _____

PAST CONVICTIONS ☐ Yes ☐ No (if yes, please explain) _____

PROBATION CONDITIONS

☐ Anger Management Program ☐ Stay away from victim ☐ Chemical Dependency (CD) Evaluation ☐ Abstain from alcohol/drugs

☐ CD Treatment (if so, where) _____ ☐ Other Conditions _____

Fill out this section if you have a Temporary Restraining Order (also attach a copy of it to this form so that your case manager may receive it)

Date of Order: _____ Length of Order: _____ Judge: _____

Order(s): _____

A.M. Program Length _____ CD Evaluation: _____

☐ Exclusion ☐ Modified Exclusion ☐ No Contact ☐ Visitation Center ☐ Supervised Visitation

☐ Other: _____

CRIMINAL HISTORY

Aside from this incident, have you been arrested for anything else before? (if yes, please list below)

☒ Yes ☐ No

Date	Charge	Outcome
9/9/2011	Fail Stop And Give Infor Render Aid	ard
6/4/2012	DUI / Driving /wo DL	housse
1/21/2015	Driving While BAC .02 or Greater While License / drug par. poss	arrest
Additional Comments:		

CONNECTION BETWEEN YOUR USE OF ALCOHOL/DRUGS AND ANGER/AGGRESSION☐ Anger/aggression gets worse when using. ☐ Others tell me that there is a connection but I have trouble believing it.☐ I only get in trouble with my anger/aggression while using. ☐ I'm less angry/aggressive when I drink or I use drugs.☒ There seems to be no connections at all. ☐ Other alcohol/drug connections with anger/aggression (explain): _____**PSYCHIATRIC HISTORY / MENTAL STATUS**Have you ever been in counseling before? (if yes, explore below) highway safety classes, drug and alcohol classes. All completed at schuylkill health in saint clair, pennsylvania ☒ Yes ☐ NoHave you ever been diagnosed with a mental disorder or hospitalized in a crisis/stabilization unit? (if yes, explore below) ☐ Yes ☒ NoHave you ever been prescribed medication for depression, or any phycological or emotional problems,? (if yes, explore below) ☐ Yes ☒ NoWas the medication or treatment successful? (if yes, explore below) n/a ☐ Yes ☐ NoHow long ago did you receive counseling or treatment?: 2017 Did you complete the program?: ☒ Yes ☐ No
if no, explain why not?: _____Have you experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functions, in the past 30 days ☐ Yes ☐ No or in your lifetime? ☐ Yes ☐ No If yes, please explain: _____Have you experienced serious anxiety, tension, up-tightness, stress, unreasonably worried, inability to relax?: ☐ Yes ☒ No
If yes, please explain when was the last time and how often does this occur: _____Have you experienced hallucinations-saw things or heard voices that were not there?: ☐ Yes ☒ No If yes, when was the last time you experienced hallucinations: _____Have you experienced trouble understanding, concentrating, or remembering?: ☐ Yes ☒ No If yes, explain: _____Have you experienced trouble controlling violent behavior, including episodes of rage or violence?: ☐ Yes ☒ No If yes, when was the last time this occurred : _____

What usually triggers this behavior?

N/A/_

Have you experienced thoughts of suicide, in the past 30 days ☐ Yes ☐ No or in your lifetime? ☐ Yes ☒ No If yes, please explain: _____Do you feel suicidal today? ☐ Yes ☒ No if yes, do you have a plan? ☐ Yes ☐ No If yes, describe you plan: _____Have you ever attempted suicide? ☐ Yes ☒ No if yes, explain: _____

Explore homicidal ideations (do you ever feel like hurting anybody?): NO

Do any of your immediate family members have a history of mental illness? (if yes, explore below) UNKNOWN ☐ Yes ☐ No**Any current problems with or history of: NO**☐ Brain injury ☐ Stroke ☐ Depression ☐ Epilepsy/Seizures ☐ Attention Deficit ☐ Premenstrual Syndrome ☐ PTSD ☐ Other

Please Describe: _____

BRIEF PSYCHOSOCIAL HISTORY CHILDHOODWhere were you born? ALLENTOWN Describe your parents relationship: AVERAGEWith whom did you live while you were growing up? *Explore any and all out of home placements, etc:* PARENTSExplore family of origin: (*the family you were born into and your parents' background*): UNKNOWNWho made the rules and enforced discipline? MOM/DADWere the rules clear, consistently applied, and did you think they were fair? YESHow often did you get punished? How did they usually discipline you? ANY TIME I WAS DISOBEDIENTWere you ever spanked or hit as a child? (*if yes, explain*) ☒ Yes ☐ NoDo you feel you were abused as a child? ☐ Yes ☒ No ☐ Physical ☐ Sexual ☐ Emotional / Verbal ☐ Other _____

If so, by whom? Frequency of abuse? _____

Did you ever tell anyone about the abuse? ☐ Yes ☐ No

How much did this upset you at the time? How about now?: _____

Was law enforcement or other social services agencies involved in any way with your family? (*if yes, explain*) ☒ Yes ☐ No*MY fiance mother made false reports about me involving neglect to children and drug use and medical neglect too.*Did you witness violence between your parents, step-parents, or guardians? (*if yes, explain*) ☐ Yes ☒ NoDescribe your school experiences: Good/average student. As, Bs and CsWere you ever suspended or expelled from school? (*if yes, explain*) ☐ Yes ☒ No**SIGNIFICANT RELATIONSHIPS AND PARENTHOOD**

Do you have many friends now? (any close friends, someone you can really trust with secrets?) (Do you tend to keep friends for a long time?)

primarily family / cousins friendsHave you ever been married? ☐ Yes ☒ No If yes, how many times? _____How would you describe your marriage(s)/relationship(s)? *Explore multiple separations/divorces.* _____Where do your children live? This temp court order has placed him with my father and his wife and my step son placed temp w/ my fiance's mom If not with you, how oftendo you visit with them? (*explore visitation issues and child support.*) 2 hours every 2 weeksHow do you get along with them? YES Doyour spouse/partner have any children from a prior relationship? ☒ Yes ☐ No If yes, how many? 1What are their ages and sexes and where do they live? 11 YOLD MATERNALGRANDMOTHERHow do you think the violence has affected your children? Partners children? N/AHave you ever been reported to DCF for child abuse/neglect? ☒ Yes ☐ No If so explain. ANGELA'S MOM AND MY DAD'S WIFE REPORTED MEDICAL NEGLECT AND DRUG USE

Interviewer / Case Manager Comments: _____

ANGER / VIOLENCE HISTORY — MOST RECENT ANGER EPISODE

Please describe in detail your most recent anger incident: FUSTRATION WITH THE CYS AGENCY AND THEIR
CORRUPTION WITH OUR CASE I ARGUE WITH ANG MY FIANCE

When did the anger episode occur?: 2/16/17

Where did the anger episode occur?: our Home

With whom?: fiance What happened?: argued/ exchanged words beings this date is our sons's birthday and the agency had not kept their word on allowing
us to have a visit with him on his birthday week. it was our regular week for visitation, but the agency canceled our visit due to caseworker being 'sick'

What actions did you demonstrate during the angry episode?: ☐ Physical ☐ Verbal Threats ☐ Property Destruction ☒ Other: (explain)

Explore: verbal bashing of the cys agency

Main type of angry words and thoughts during the episode?: curse words

Explain how did you feel physically while you were angry?: ☒ Physical Rush ☒ Tense ☐ Strong ☐ Other: _____

How did the angry episode end?: talking it out calmly with my fiance

Were there any use of alcohol and/or drugs by anyone involved?: ☐ Yes ☐ No If yes, by whom?: _____

Was this incident typical (does this happen often)?: ☐ Yes ☒ No

Duration:

When you become angry, how long do you remain angry?: When I let things bottle up

Intensity:

● On a scale of 1 to 10, with 1 representing no anger & 10 representing explosive anger, rate your anger during the episode: 5

Frequency:

How often have you had trouble with your anger?: only since the involvement of social services (CYS)

☐ This time only. ☐ This month only. ☐ Last 6 months ☐ Since childhood ☐ Adolescent ☐ As an adult (every day)

ANGER / VIOLENCE HISTORY — MOST RECENT ANGER EPISODE

Please describe in detail your most recent anger incident: _____

When did the anger episode occur?: _____

Where did the anger episode occur?: _____

With whom?: _____ What happened?: _____

What actions did you demonstrate during the angry episode?: ☐ Physical ☐ Verbal Threats ☐ Property Destruction ☐ Other: (explain)

Explore: _____

Main type of angry words and thoughts during the episode?: _____

Explain how did you feel physically while you were angry?: ☐ Physical Rush ☐ Tense ☐ Strong ☐ Other: _____

How did the angry episode end?: _____

Were there any use of alcohol and/or drugs by anyone involved?: ☐ Yes ☐ No If yes, by whom?: _____

What actions did you demonstrate during the angry episode?:

☐ Physical ☐ Verbal ☐ Property Destruction ☐ Threats ☐ Other, please explain: _____

Intensity:

● On a scale of 1 to 10, with 1 representing no anger & 10 representing explosive anger, rate your anger during the episode: _____

With whom do you get angry?:

☐ Partner ☐ Friends ☐ Relatives ☐ Parents/Step-parents ☐ Employer/Coworkers ☐ Your children ☐ Other (whom below)

What about?: _____

HOW HAVE YOU ATTEMPTED TO CONTROL YOUR ANGER

☐ I never have ☒ I talk to myself (what do you say?): _____ ☐ Go to a self help group such as A.A. ☐

Leave the scene. (How long?): _____ (What do you do?): _____

☒ Try to relax. (How?): I play music(guitar)/ go for a walk or bike ride ☐ Other (what?): _____

Recommendation

Please list 3 things that you would like to change or learn as a result of counseling: not argue with my fiance and
satisfy CYS and the fsp on the court order and have my children returned home safe.

Anger Management Intake Form

Mental Status Observations (check all that apply):

Ask a family member or another loved one for assistance and opinions with these questions

Manner of Dress:
☒ Appropriate ☐ Casual ☐ Disheveled ☐ Eccentric ☐ Seductive ☐ Meticulously Neat ☐ Other: _____

Hygiene:
☒ Good ☐ Fair ☐ Poor ☐ Neglected **Posture:**
☐ Normal ☐ Rigid ☐ Tense ☐ Inappropriate

Speech Quality:
☒ Normal ☐ Monotonous ☐ Emotional ☐ Slow ☐ Rapid ☐ Slurred ☐ Pressured ☐ Other: _____

Motor Behavior:
☒ Normal ☐ Restlessness ☐ Physical Agitation ☐ Presence of tics ☐ Unusual / Inappropriate ☐ Slow

Responsiveness:
☒ Normal ☒ Talkative ☐ Vigilant ☐ Alert ☐ Minimally Responsive ☐ Other: _____

Memory Functions:
☒ Intact ☐ Immediate Deficit ☐ Recent Deficit ☐ Remote Deficit

Thought Content
☒ Appropriate ☐ Grandiose ☐ Antisocial ☐ Delusions ☐ Obsessions ☐ Preoccupations

Thought Processes:
☒ Logical ☐ Coherent ☐ Evasive ☐ Circumstantial ☐ Blocking ☐ Distracted ☐ Tangential ☐ Loose Association
☐ Incoherent ☐ Somatic ☐ Confused ☐ Obsessive / Possessive ☐ Other: _____

Mood:
☒ Normal ☐ Euthymic ☐ Depressed ☐ Pessimistic ☐ Elated ☐ Expansive ☐ Calm ☒ Neutral ☒ Irritable
☐ Cheerful ☐ Angry ☐ Anxious ☐ Elevated ☐ Fearful ☐ Euphoria ☐ Tearful ☐ Mood Swings ☐ Other: _____

Affect:
☐ Appropriate ☐ Inappropriate ☐ Shallow ☐ Blunted ☐ Depressive ☐ Ambivalent ☐ Restricted ☐ Contradictory
☐ Angry ☐ Anxious ☐ Labile ☐ Euphoric ☐ Dramatized ☐ Expansive ☐ Guilty ☐ Flat ☐ Other: _____

Judgment:
☒ Good ☐ Fair ☐ Poor ☐ Impaired **Insight:**
☒ Good ☐ Fair ☐ Poor ☐ Limited

Suicide Risk:
☐ Severe ☐ Moderate ☐ Mild ☒ None Noted **Homicidal Risk:**
☐ Severe ☐ Moderate ☐ Mild ☒ None Noted

Intellect:
☒ Above Average ☒ Average ☐ Below Average ☐ Poor Abstraction ☐ Other: _____

Substance Abuse (check all that apply):

Ask a family member or another loved one for assistance and opinions with these questions

Use / Drinking Pattern:
☐ Never ☒ Uses/Drinks Alone ☐ Daily ☐ 3-5 Times Weekly ☐ 1-2 Times Weekly ☐ Binges ☐ Other: _____

Reported Symptoms:
☒ None ☐ Chills ☐ Blackouts ☐ Tremors ☐ Nausea ☐ Seizures ☐ Depression ☐ Weight Loss
☐ Hangovers ☐ Sleep Problems ☐ D.T.'s ☐ Weight Loss ☐ Hallucinations ☐ Other: _____

Substance Related Arrests:
☐ None ☒ D.U.I. How Many? _____ ☐ Disorderly Conduct ☒ Illegal Possession ☐ Fighting ☐ Sales or Distribution

Previous Treatment:
☐ None ☒ Intensive Outpatient ☐ Detoxification ☐ Half-way House ☐ Residential ☒ Outpatient

Related Medical Problems:
☒ None ☐ Pancreatitis ☐ Hepatitis ☐ Esophagitis ☐ Cirrhosis ☐ Other: _____

Tolerance:
☐ Increased ☐ Decreased ☒ No Change

Adverse Effects To:
☒ None ☐ Recreational Activity ☐ Occupational Skills ☐ Social Activity ☐ Family Events ☐ Other: _____

Substance Use History	Yes	No	Age of First Use	Frequency of Use	Amount Used	Date of Last Use
Marijuana	x					
Cocaine						
Crack						
Benzodiazepines						
Amphetamines (Meth)	x					
Hallucinogens						
Barbiturates						
Phencyclidine						
Alcohol	x					
Inhalants						
Opiates	x					
Over the Counter Drugs						
Designer Drugs						
Prescription Drugs						

List Other Drugs Used if Not in The List or if "Over the Counter, Designer or Prescription Drugs" is checked: _____

Do any of your immediate family members have alcohol/substance abuse problems? ☐ Yes ☒ No
 (please list) Relationship to You (uses) Alcohol Drugs Other

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program / Case Manager Area:

Signature: Brandon Fritz

Date: 2/24/2019

Name Brandon Fritz

D.O.B. 7/8/1986

Procedures for Participation in the Program

In order to participate in any of our Programs at Court Ordered Classes, each participant must abide by the following rules the majority of which have been provided by the Court and Probation Department. The program will include lectures, class and group discussions in areas that pertain to the correction of the abusive behavior and which provide the participant with tools for substantive change. The program recognizes that change is the responsibility of the individual and that no program can change the person who does not enter into the process of change himself/herself.

1. The participant must comply with all probation requirements including those of attending group, keep all program appointments and pay program fees.
2. If for a justifiable reason, a participant is unable to attend a particular sessions, he/she is personally responsible for notifying Court Ordered Classes.
3. Participants are responsible for paying program fees on time. If participant is starting to fall behind on fee payments, he/she must speak to the group facilitator or their assigned case manager to arrange the payment schedule. If a balance is carried equal to one (1) month of group sessions (total of four sessions), a violation report will be sent to court and/or probation. Upon completion of the program all fees must be paid before the final letter or release from the program is given to the participant. In extraordinary situations, special arrangements may be made with the court regarding payments.
4. Participants will be excluded from group under the influence of drugs and alcohol. If a counselor suspects any substance abuse, the case will be closed and the court system will be notified immediately. The participant will not be permitted to return to the program until authorized by court.
5. Participants at Court Ordered Classes are required to attend consecutive weekly sessions, unless granted an excused absence for good cause by the program for no more than (3) three individual sessions during the entire program. The case will be closed if a participant misses more than 3 sessions during the program, and the court system and/or probation officer will be notified immediately. In extraordinary situations, consideration may be given to a modification of these requirements and completion in 18 months.. All other arrangements must be discussed with the court.
6. Participants will need to supply a court to probation reinstatement authorization in order to return to the program after his/her case has been closed.
7. Upon completion of the program, if there is a balance in the account and if it is not cleared in 30 days, case will be reported to Probation. Court Ordered Classes is mandated to report this violation to both the Probation Department and the Court system. The participants will also receive a violation progress report instead of completion report. The participant will not receive the completion letter until all outstanding fee balances are cleared.
8. Upon completion of the required number of group sessions, each participant is required to attend a final evaluation session. This evaluation is for the purpose of assessing the participant's progress during his/her participation in a program, discussing what has been achieved as well as the areas in need of continuing attention.

I HAVE READ AND UNDERSTOOD THE PROCEDURES FOR PARTICIPATION IN THIS PROGRAM

Signature: Brandon Fritz Date: 2/24/2019

Consent for Participation in Outcomes Assessment

At different times in the course of your treatment we may be asking you to complete certain questionnaires, individual or group sessions, tests or other measurements. These are designed to help us evaluate and improve your treatment plan, progress in treatment, and/or changes to your plan or referrals to other providers we may need to make. The information we collect will be kept confidential, like the rest of the information in your file at this agency. We will inform you about any decisions or changes that are based on the information we collect in this way. We may also contact you and ask for feedback some time after you have completed treatment with us. This is to evaluate our program by measuring the long-term benefits we are able to provide our clients. We will you the contact information contained in your INTAKE PACKET. We thank you for your cooperation in this effort. Please indicate the method you would prefer we contact you.

☒ Telephone ☐ Mail at home ☒ eMail ☐ Other please specify: _____

I HAVE READ AND UNDERSTOOD THE CONSENT FOR PARTICIPATION IN OUTCOMES ASSESSMENT

Signature: Brandon Fritz Date: 2/24/2019

Name _____ D.O.B. _____

AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I hereby give permission to Court Ordered Programs Inc. and its school Court Ordered Classes to:

(X) Disclose information to: AND/OR (X) Obtain information from:

(Name of agency, court, attorney, probation officer, therapist, etc.)

(Address, city, state and zip code)

Phone: _____ Fax: _____ eMail: _____

The purpose for such disclosure is:

(X) to report attendance, participation and progress. - (X) To evaluate behavior and progress. - (X) to permit continuity of care.

(X) to permit case management (including reimbursement determinations) and processing of benefits

() other (specify) _____

I understand that following information may also be exchanged with the staff of Court Ordered Programs Inc. and its school Court Ordered Classes.

1. My Attendance
2. Any use of violence threats or abuse
3. Reason for suspension or termination
4. Recommendations regarding changes in counseling or if it becomes apparent that Court Ordered Classes is not the appropriate place for the client.

This information can also be exchanged with the representatives of the Courts, the Probation Department, the Department of Children Services or Local Shelters, Family Court, the Parole Department, as well as in any emergency situations in need of immediate attention.

I understand that my records are protected under certain legal and ethical regulations and cannot be released without my written consent or unless subpoenaed by court of law.

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it this consent will expire one (1) year after I have ended treatment.

PARTICIPANT RELEASE OF INFORMATION

To:

*Court Ordered Programs, Inc. DBA Court Ordered Classes
National Headquarters*

25350 Magic Mountain Parkway Unit 300 Valencia California 91355

Tel: (661) 312-0392 - Fax: (661) 296-2836 - eMail: staff@courtororderedclasses.com

I authorize the release of any information I share in this interview to the Program in which I will enroll. Please be advised that this program is under a continuing obligation to disclose any conduct you willfully choose to engage in which poses a threat to the victim, his or her property, or to third persons related to the parties. (Continuing Duty to Disclose Information)

Signature: _____ Date: _____

Name _____ D.O.B. _____

Treatment Agreement

I (print full name) _____ agree to attend the Court Ordered Programs Inc., DBA Court Ordered Classes Anger Management Program, hereinafter referred to as the "Program", and agree to the following terms:

- 1.) I agree to abide by all rules, guidelines, policies and procedures of Court Ordered Programs Inc. DBA Court Ordered Classes (COC) and the suggestions of my counselors.
- 2.) I agree to abstain from alcohol and other mood altering substances while I am doing the Program. I will do my best to avoid high-risk situations (people and places that may make it harder to gain knowledge of the tools that are provided in this Program).
- 3.) I agree to discuss all prescribed medications I may be taking with the staff.
- 4.) I understand that if I bring alcohol or drugs onto this facility, I will be asked to leave immediately and may not be allowed to complete the Program.
- 5.) I agree to be responsible for attending the prescribed sessions and at their prescribed frequency. I agree to be on time, and to stay for each entire session. I understand that a staff member must approve in advance circumstances that might involve arriving late, leaving early, or preventing me from attending.
- 6.) If you are using a cell phone, tablet or any other mobile video device during LIVE GROUPS, you must be in a fixed location. NO moving around, NO distractions or you will not be credited for your participation.
- 7.) I understand that once the group has started I need to stay in that group. There is no eating during group. I can bring a drink (water, coffee, tea only) in at the start of group. I agree to use the restroom before group so that I do not have to leave group for the bathroom, unless I have informed the staff in advance of a related medical condition.
- 8.) I agree to maintain the anonymity and confidentiality of all other participants in the program. What others say in group is the property of group only.
- 9.) I understand the need to attend all sessions. I also agree to discuss with staff any resistance I may have to attending groups and that I am to actively participate in my own treatment.
- 10.) I agree to honor my financial obligation to Court Ordered Programs Inc. if applicable.
- 11.) I agree to invite my spouse/significant other and family members to attend the prescribed family groups (if applicable), unless otherwise specifically arranged with staff.
- 12.) I understand that staff is mandated by both state and federal law to report any ongoing suspected child abuse, elderly abuse or other dependent adult abuse.
- 13.) I understand that COC staff is not to accept gifts from clients or their families.
- 14.) I will not enter into any romantic and/or sexual relationships with staff. I have also been advised to refrain from entering into any romantic and/or sexual relationship with any participant of the program.
- 15.) I understand that if I do not follow all of the Program rules and regulations under Court Ordered Programs Inc. agreement, that they may be reasons for my termination.

Signature: _____ Date: _____

SCAN and "Drag and Drop" or upload your completed form into your DOCUMENTS TAB or you can also Submit completed form by fax: (661) 296-2836 e-mail: test@courtorderedclasses.com or mail: 25350 Magic Mountain Parkway Suite 300, Valencia Ca. 91355